PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

07/15/2003 AADOF01 00000035 050225 10617510
01 FC:1 1   750.00 DA

11/14/2003 AADOF01 00000044 050225 10617510
01 FC:1201   84.00 DA

PTO-1556
(5/87)

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR 1.53(b)	ATTORNEY DOCKET 80236DPCW
	Cust mer N .01333

To: Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Express Mail Label No.

EV293537510US

Date: _July 11, 2003_

SLURRY FOR CHEMICAL MECHANICAL
POLISHING SILICON DIOXIDE

First Named Inventor (or Application Identifier):

Ramanathan Srinivasan, et al

Enclosed are:

1. [X] Specification

2. [4] Sheet(s) of drawing(s)

3. [X] Information Disclosure Statement Under 37 CFR 1.97

4. Combined Declaration for Patent Application and Power of Attorney:
   4a. [ ] New
   4b. [X] Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)

5. [X] <u>Incorporation by Reference (useable if Box 4b is checked)</u> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. [ ] Assignment of the invention to

7. [ ] Certified copy of a priority document.

8. [ ] Associate Power of Attorney

9. [ ] <u>Deletion of Inventor(s)</u>.
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

10. [ ] If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:
--CROSS REFERENCE TO RELATED APPLICATION
Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

11. [ ] Continuation [X] Divisional [ ] Continuation-in-part (CIP) of prior application No: 10/192,471.

12. [X] Please address all written communications to Thomas H. Close, Patent Legal Staff, Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.
Please Direct all telephone calls to Peyton C. Watkins at (585) 477-8282.

The filing fee has been calculated as shown below:

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				$ 750
TOTAL CLAIMS	12	- 20 = 0	x 18 =	$ 0
INDEPENDENT CLAIMS	3	- 3 = 0	x 84 =	$ 0
[ ] MULTIPLE DEPENDENT CLAIM PRESENTED			+ 280	$0
			TOTAL	$ 750

[X] Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of $ 750.
A duplicate copy of this sheet is enclosed

[X] The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.
A duplicate copy of this sheet is enclosed.

Attorney for Applicants
Registration No. 36,890

Peyton C. Watkins/lam
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Facsimile: (585) 477-4646

Application or Docket Number

80236 DPC W

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	*12*	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	*12* minus 20=	*
INDEPENDENT CLAIMS	*4* minus 3 =	* *1*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X$ 9=		OR	X$18=	
X43=		OR	X86=	*86*
+145=		OR	+290=	
TOTAL		OR	TOTAL	*856*

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Ind pendent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than th entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.